



# Maricopa County

Environmental Services Department, Water and Waste Management Division

## APPLICATION FOR NEW DRINKING WATER SOURCE APPROVAL

*To be completed by representative of the water system.*  
*All analyses results must be collected at the source and must be submitted on the proper reporting forms.*  
*All analyses must be conducted by an ADHS certified laboratory.*  
*Proper review fee must be included at the time of submission.*

### New public and Non-Permitted Public Water Systems Only

Proposed Public Water System Name :		
Type of Public Water system Community <input type="checkbox"/> Non-transient Noncommunity <input type="checkbox"/> Transient Noncommunity <input type="checkbox"/>	Estimated Population served:	
	Anticipated Start Date:	
	DWR Well Registration #	55 -
	(Attach a copy of the DWR registration Record and Driller's Well Log)	
Point of Entry Designation:		Well name :
(If no preference is indicated Department will assign)		
Water System owner information (Operating permit will be mailed to this person or company)		
Name: _____		
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

### Existing Permitted Public Water Systems Only

Public Water System Name :		
PWS ID # 07 -	Population served:	
DWR Well Registration # 55 -	Well name :	
(Attach a copy of the DWR registration Record and Driller's Well Log)		
Existing POE <input type="checkbox"/>	Point of Entry Designation:	Anticipated Start Date of the POE
New POE <input type="checkbox"/>	(If no preference is indicated Department will assign)	

### All Applicants

Project Description:		
Name of PWS Certified Operator:		
License Number:	Phone Number:	FAX Number:
Name of Project Engineer:		
Address :		
Phone Number:	Fax Number:	
Date or Dates Samples Collected on :		

Mail approval to: Water System owner ☐ PWS Certified Operator ☐ Project Engineer ☐

I certify that the attached analyses are representative of the water quality for the above source

Signature

Printed Name

Date